



VOLUNTEER APPLICATION

(Please Print)

Name: _____ DOB: _____ Social Security #: _____

Physical Address: _____
City _____ Zip _____

Best Contact Number: _____ Work Phone _____

Email Address: _____

Current Employer: _____ School Attending _____

Are you a U.S. Citizen? (circle one) Yes or No

Have you been convicted of/ or arrested for a felony or misdemeanor offense? ☐ Yes ☐ No

If yes, please describe: _____

(To ensure the safety of all members, an in-depth background check will be conducted on applicants.)

Please provide two references:

Name _____
Address _____
Phone number: _____
Relationship: _____

Name _____
Address _____
Phone number: _____
Relationship: _____

In case of an emergency notify:

Name: _____ Relation _____

Address _____ Phone # _____

Do you have any physical limitations that will hinder you from performing any activities with the members you will be serving? **YES** or **NO**

If yes, please let us know what can be done to accommodate your limitations: _____

Skills and Experience

What is your educational background?

☐ High School Graduate

☐ College: Major _____

Special Trainings or Certifications:

☐ First Aid and CPR Certified

☐ Others _____

ACTIVITIES, HOBBIES and INTEREST

☐ Music

☐ Cooking

☐ Reading

☐ Arts/Crafts

☐ Sports and Fitness

☐ Photography

☐ Others: _____

What areas would you like to assist in at the Lincoln Recreation Center?

☐ Homework and Tutorial Assistant

☐ Gym Assistant

☐ Game Room Assistant

☐ Arts and Crafts

☐ Coaching

☐ Adult and Senior Recreation, please list: _____

☐ Office Administration, filing, answering the phones, front desk attendant

☐ Special Events and Projects

☐ Others: _____

Availability

Please mark all the days and times you will be available to volunteer:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time						

Commitment Level (please check one)

Fall Semester _____ Spring Semester _____ One Year _____ Two years _____

I certify that all the answers on the application and any attachments are true and complete.

I hereby authorize that in the course of considering my application, you may inquire to verify information considering my background. I specifically authorize you to investigate all statements in this application. I authorize employers, references and educational institutes listed above to give City of College Station, Lincoln Recreation Center any information concerning my education, employment and ability to work with children and young people.

I understand that the City of College Station, Lincoln Recreation Center is not responsible for personal injuries or loss of property.

Signature _____ Date: _____

Office Use Only

Staff Signature _____ Orientation Completion Date _____ BC _____